

**INVESTIGATING THE SCHOOL SUPPORT MECHANISMS FOR
LEARNERS WHO ARE HIV POSITIVE IN BOARDING SECONDARY
SCHOOLS: A CASE STUDY OF BLANTYRE, NGUMBE AND LUNZU
BOARDING SECONDARY SCHOOLS**

M.Ed. (POLICY, PLANNING AND LEADERSHIP) THESIS

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UNIVERSITY OF MALAWI

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DECLARATION

I, the undersigned, hereby declare that this thesis is my own original work which has not been submitted to any other institution for similar purposes. Where other people's work has been used, acknowledgements have been made.

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CERTIFICATE OF APPROVAL

The undersigned certify that this thesis represents the student's own work and effort
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DEDICATION

This thesis is dedicated to my husband Justice Alinuswe Malema for sponsoring me financially and for his endless encouragement to pursue this programme. Words cannot express how grateful I am for all your love and support during this endeavour. Some days seemed as if I would not make it but you helped me to persevere.

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ABSTRACT

A lot has been done in secondary schools to make learners have knowledge about HIV and AIDS, how it is contracted, spread, and how to prevent its spread. More has also been done on encouraging learners to go for tests so that they get to know their status. Little mention has, however, been done regarding the support mechanisms for those learners who are already HIV positive in boarding secondary schools. This study, therefore, sought to find out the state of support mechanisms available to learners who are living with HIV in boarding secondary schools considering the many challenges they are likely to face. The study took place in three selected boarding secondary schools of Ngumbe, Lunzu and Blantyre secondary schools in Blantyre City Education District. This study used face-to-face interviews, focus group discussions and document review as methods to collect data for the research. The purpose of the study was to find out what teachers perceive as their role in helping learners living with HIV and AIDS, and investigate the school-based practices for caring and supporting learners living with HIV and the experiences these learners go through in boarding secondary schools. The study found out that teachers saw themselves as taking the role of parents to all the learners in boarding secondary schools especially in the absence of their parents. Teachers see themselves being responsible for the provision of the physical, social, spiritual and moral support to learners who are HIV positive in the boarding setup. The study also found out that teachers lacked the skills on how to take care of the learners who are living with HIV in the boarding secondary schools. It was also revealed that the schools do not have guidelines for teachers to follow on how to take care of learners who are HIV positive, instead they use their own discretion to respond to the various situations. Furthermore, the study revealed that learners who are living with HIV face challenges like fear of discrimination and stigmatisation, lack of supplementary foods among many other challenges.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
BM	Boarding Master
BSS	Blantyre Secondary School
DHM	Deputy Headmaster
FGDF1	Focused Group Discussion Facilitator 1
HIV	Human Immunodeficiency Virus
HM	Headmaster
LSS	Lunzu Secondary School
MOEST	Ministry of Education, Science and Technology
NESP	National Education Sector Plan
NGOs	Non-Governmental Organisation
NSS	Ngumbe Secondary School
SCOM	Student Organisation of Malawi
UNESCO	United Nations Educational, Scientific and Cultural
Organisation	
YCS	Young Catholic Student

CHAPTER ONE

INTRODUCTION

1.1 Chapter overview

This chapter discusses the background to the problem, statement of the problem, purpose of the study, research questions and significance of the study.

1.2 Background

Being found with a human immunodeficiency virus (HIV) is associated with discrimination and stigma because many people still see someone who is living with HIV as someone who will die soon (Mbugua, 2004). Despite a lot of efforts to remove this misconception, most people choose not to have a positive attitude towards people who are living with HIV. This has led people who are living with HIV to face a lot of challenges in their daily life like fear of being identified as living with HIV consequently being discriminated and stigmatized for the same (Karuru, 2004). The challenges are worse for learners who are HIV positive and are in boarding secondary schools (Raison & Tamasha, 2008).

Though these learners are living with HIV, education still stands as the important tool in preparing them for adulthood, and it still remains the promising avenue for intervention and support. The increase in access to Anti-retroviral (ARV) treatment is allowing more and more HIV positive young people to develop into young adults. Before the availability of ARVs, children born with HIV had very little chance of survival. According to Raison and Tamasha, (2008), two thirds of HIV positive children die before the age of three and nearly 90% died by the age of ten.

Many of these young ones who were born with HIV or contracted the virus at the early stage are now in secondary schools and some had the privilege of being selected to boarding secondary schools. They are surviving because they are under ARVs treatment. However, in reality, taking ARVs is not simple especially where there are many people living together as it is in boarding secondary schools.

The Government of Malawi and Non-Government Organizations (NGOs) have done a lot of interventions to address the issues related to HIV and Acquired Immune Deficiency Syndrome (AIDS). Life skills education was introduced in Malawi as a subject in 2002 with the aim of improving skills to promote sustained HIV risk reduction behaviors to young ones between five to fourteen years (Chipomo, 2010). The other objective was to enhance risk reduction among youth of 15 to 20 years through promoting abstinence, delayed sexual activities and safe sex (ibid). When someone looks at the objectives of life skills subject it seems the issue of learners who are already HIV positive and are in boarding secondary schools was not addressed and there is no mention of the school practices that can help learners who are HIV positive.

Furthermore, National Education Sector Plan (NESP) (2008), proposed to address the problems of learners who were already HIV positive in general, but NESP did not specify on the school practice that could help learners who are HIV positive and are in boarding secondary schools. In addition, there is an allocation of money for teachers who are HIV positive forgetting HIV positive learners in secondary schools in general and in boarding secondary schools in particular (NESP, 2008).

The National AIDS Policy (2003), incorporates every one as it states that the Ministry of Education, Science and Technology (MOEST) is there to provide oversights and leadership in addressing the impact of HIV and AIDS in the education sector through reduction of HIV transmission and improving the quality of life for all learners including other vulnerable children and education staff through sustainable and rights-based work place and programme interventions, based on the comparative advantages of the education sector. While the policy might be touted as helpful in some ways, it omits the supportive mechanisms for HIV positive learners in boarding secondary schools. This may partly be an indication that HIV positive learners' problems have not been clearly addressed by MOEST.

1.3 Statement of the problem

There have been many initiatives in the education sector aimed at mitigating against the impact of HIV and AIDS on both the outcome and quality of education. Awareness campaigns have taken place in secondary schools for learners to have knowledge about this disease, its cause, how it is spread, how it can be prevented and encouraging learners to go and know their sero-status (Population Services International, 2011).

NESP (2008), proposed to address the problems by improving the relevance of the secondary curriculum and its delivery to enhance HIV/AIDS prevention as part of the course content. NESP also emphasized offering support to all teachers and learners affected and infected by HIV/AIDS, but there was no mention of support mechanisms for those learners who were already HIV positive and were in boarding secondary schools.

Then Malawi Education for All Plan (2004) also states that the ministry is dedicated to help and improve living conditions for HIV-positive teachers, including greater access to treatment, provision of nutritional supplements, monthly allowances or loans but nothing is being said on how learners who are HIV positive in secondary schools are going to be assisted. In addition, the Education for All Plan (2004) says that the government has mobilized resources from donors and private sector and has included funding for HIV/AIDS intervention in its recurrent budget. Two percent of the education recurrent budget is earmarked for HIV/AIDS activities (Malawi Education for All Plan, 2004). However, none of the activities earmarked in the budget cover support for learners who are HIV positive. Some research findings show that HIV positive learners face a lot of challenges when they are in these secondary schools especially in boarding secondary, such as poor diet and taking cold showers (Birungi, 2008; Gakii, 2013), being isolated, discriminated and withdrawn as well as being shunned Global Reports, (2010), stigmatized by other students and even teachers, Raison and Tamasha,(2008). Then they have problems to hide, and take their ARVs medication as prescribed fearing that their friends may see, (Malawi Nation, 2013). There is need therefore to find out what sort of support mechanisms are available to

these learners in boarding secondary schools especially considering the many challenges they face.

1.4 The purpose of the study

The purpose of the study is to investigate the nature and extent of support mechanisms for learners who are HIV positive at Ngumbe, Lunzu and Blantyre boarding secondary schools in Blantyre City Education District.

1.5. Research questions

In conducting this study, the following questions guided the researcher:

1.5.1. Main question

What is the nature of support mechanisms for learners who are HIV positive in boarding secondary schools?

1.5.2. Specific questions

1. How do the teachers perceive their role in providing a supportive environment for learners living with HIV and AIDS?
2. What are the school-based practices for caring and supporting learners living with HIV?
3. What are the experiences of learners living with HIV and AIDS in boarding secondary?

1.6 Significance of the study

The study will bring about better understanding of the nature of support mechanisms available to learners who are HIV positive in boarding secondary schools. It will also bring to surface the reality of the situation on how learners who are HIV positive in secondary schools are coping. Such information may trigger more appropriate interventions to solve some of their problems.

In addition, it will help MOEST to change or put in place some policies that will properly incorporate the welfare of learners who are on ARV therapy (ART) in boarding secondary schools. On the same note, the study will help secondary school officials to identify and help learners who are HIV positive and are taking ARVs in their boarding secondary school accordingly. It will also help some well-wishers willing to help learners who are HIV positive and are in boarding secondary schools to easily know some problems that these learners are facing and see where they can come in with their interventions.

1.7 Chapter summary

This chapter has explained the study's background, statement of the problem, purpose of the study, research questions, and significance of the study. The next chapter discusses the related literature review and theoretical framework guiding this study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Chapter Overview

This chapter has documented some related literature to the research questions. To begin with, it has elaborated how teachers provide a supportive environment for learners living with HIV and AIDS, followed by school-based practices for care and support for learners living with HIV and AIDS and then the experiences of learners living with HIV and AIDS in boarding secondary schools. Finally, a theoretical framework for this study has been described.

2.2 Ways how teachers provide supportive environment to learners who are HIV positive in boarding secondary schools.

When learners go to boarding secondary school all their welfare is in the hands of the teachers. Coombe (2002), in her study, *Mitigating the Impact of HIV and AIDS on Education Supply, Demand and Quality*, found out that teachers are there to provide counselling and care for HIV positive learners. This helps the learners not to feel discriminated in school. It gives them hope that being HIV positive is not the end of the world but that they can still make it in life. Similarly, Raison and Tamasha (2008), in their study, found out that counselling is also necessary to learners who are not HIV positive so that they should not discriminate fellow learners who are HIV positive as

they all have the right to education (Raison & Tamasha, 2008). The problem is that in many schools, teachers are not trained in how to counsel and care for these learners (UNESCO, 2007). An example was a case of a teacher in Dares salaam who knew the serro-status of a certain boy that he was HIV positive. When that student came to school late or did something wrong with his friend, the teacher could punish his friend not him which could make that learner to feel discriminated and that he was different from the other student (Raison & Tamasha, 2008). On the other hand, his friends were always suspicious as to why he was not being punished (Raison & Tamasha, 2008). To the teacher he thought he was doing the right thing but to the victim and other learners it was a sort of discrimination.

Coombe (2002), further found out that teachers are responsible for making sure that learners who are HIV positive have access to the ARV drugs by allowing them to visit the medical centres for check-ups and provide cover for their absent lessons. This helps learners to know their immunity status after a retest and be counselled by the health personnel. In addition, they have access to ARV drugs readily available all the time so that they should not miss the dosage for the betterment of their health.

Louise, (2012) in his study, the role of schools in supporting HIV-affected children in sub-Saharan Africa, found out that it is the role of the teachers to help learners who are HIV positive psychosocially. He argues that a little attention has been paid to the psychosocial well-being of learners who are HIV positive in schools and that the current psychological support services in schools do not meet the needs of schools.

Furthermore, Birungi (2008), explains that it is the role of the teachers to help learners who are HIV positive by creating a good relationship with the guardians and the learners who are HIV positive so that they should accept the situation of their children and work hand in hand in helping them to make a good future by providing their needs psychologically, physically, financially, socially and spiritually. In addition, a positive attitude of guardians encourages learners to work hard at school to achieve their dreams, (Birungi, 2008).

Even though many researchers state that teachers know how to help learners who are HIV positive in secondary schools, a research done by UNICEF in Mozambique (UNICEF, 2004) reveals that many teachers do not know their role in this area. When it comes to teach the HIV and AIDS topic, they are not good communicators. They are not knowledgeable enough and sometimes they do not set good examples in classroom settings. While other teachers believe issues about HIV are health related, researchers have demonstrated that many teachers complain that they are already overloaded with work due to insufficient teachers, so it is difficult to carry out these other roles of being serious with the health of the learners. They may notice the problem of the learners who are positive, but they keep quiet waiting for the problem to be solved on its own.

Literature has shown that in many schools, teachers do not know how to provide support to the learners who are HIV positive. The few that know fail to do because of workload in their schools. The main problem is that there are no written documents to give direction on how teachers can be helping learners who are HIV positive and are in boarding secondary schools. The fact that, all these research activities were done in

other countries other than Malawi it has motivated the researcher of this study to investigate the situation about Malawian setup.

2.3 School based practices to support learners who are HIV positive.

One of the school based practices in supporting learners who are HIV positive is to provide a healthy environment for learners and educators with adequate sanitation and nutrition (Coombe, 2001). Though this is good, most of times it is challenged with inadequate finances in the Ministry of Education. On the same note, Birungi, (2008) complements that schools should have support groups or clubs for HIV-positive students in their learning institutions. In these clubs, learners meet and receive help which includes how they should be taking medicine, counselling, moral support and life skills training.

Birungi, (2008), in his research further found that some school officials once they found out that particular student have HIV or other chronic illness, they have to be exempted from heavy extra-curricular activities, provided with special meals where possible, and reminded to take medicine in cases where they are aware that the children are on antiretroviral drugs (ARVs). Nonetheless, he also found out that the support was mainly non-formal and a lot seemed to depend on the goodwill of particular head teachers, other teachers, and school nurses who sometimes use their own resources. He even gave an example of a certain teacher who was helping HIV-positive students take their monthly refill of ARVs so that they did not miss lessons, inviting their guardians to the school, counselling them, and connecting them to a treatment centre. This clearly shows

that the supportive mechanisms are not clearly defined in schools, so many teachers do not know what they are supposed to do.

Birungi, (2008) also states that it is the school-based practice to take learners who are HIV positive to the hospitals as quickly as possible each time they are not feeling okay. However, most of the times it is not possible due to transportation problems in many schools where they do not have school vehicles and if they have, fuel also becomes a problem. It is further argued that it is the role of the school to make sure that learners who are HIV positive are not discriminated in any way (Raison & Tamasha, 2008) because they have the right to be educated and achieve their dreams.

According to Karen and Kamuzora, (2006), another practice is by having a school suggestion box. In this box, students write their problems they are facing and the suggested possible solutions. In their study, they also found out that in the schools where they had these suggestion boxes, teachers instead of helping the learners who are HIV positive they end up making bad comments about the problems they wrote, concerning their status and that most of the times they did not read all the suggestions that were there hence their problems were not solved (Karen & Kamuzora, (2006). This shows that teachers, usually undertook the problems of the learners, but they forget that learning can only take place when a learner is socially, physically and psychologically fine.

In other school research done by Birungi, (2008), it is argued that it is also the school based activity to make sure that learners who are HIV positive have access to the ARVs. He also added the importance of preventing activities that can put anyone at risk of HIV infection in schools like times of accidents and injuries at school where students or staff might be exposed to another person's body fluid. So it is a school based activity to have in place policies and procedures for safely managing accidents and injuries at school in all circumstances by having a first aid box. The school should also have a sick bay and keep some pain killers and antibiotics for first aid (Birungi, 2008).

These research studies were done in other countries like Tanzania, Uganda, Namibia and other countries and motivated the researcher to do the study in Malawi and find out what are the school based practises that are in place in boarding secondary schools for learners who are HIV positive.

2.4 Experiences of HIV positive learners

A research conducted by (Birungi, 2007; Global Reports, 2010) shows that students with full blown AIDS face greater challenges in schools compared to those who are HIV-positive but asymptomatic. The challenges include being isolated, discriminated and withdrawn as well as being shunned and stigmatized by other students and even teachers. Teachers and students tend to nickname them like poisonous, living dead and they rebuke them in public that they are taking drugs every day. When they go to collect medication on a monthly basis they gossiped at and even insulted. This clearly shows that there is a problem because teachers who are supposed to provide supportive

environment for learners who are HIV positive join other students to discriminate against and stigmatise them.

Birungi (2008) and Gakii (2007), also found out that sometimes guardians of the learners who are HIV positive do not financially support them just because of their status. They are negligent and feel that ‘after all the child may not have long time to live.’ In cases where the child knows that they are not supported financially because they are HIV positive, this adds to their psychological stress. This shows that the misconception that being HIV positive is the end of life is still in the mind of people despite the effort to eliminate the myth through awareness campaigns worldwide.

Other findings by Birungi, (2008), also demonstrates that the HIV-positive young people in boarding institutions face additional challenges such as poor diet and taking cold showers. Whereas these have implications for their academic performance. Schools lack formally established mechanisms for meeting these needs. The other challenge is that there are no sickbays in many secondary schools and where they exist, they are ill-equipped, they do not commonly stock antibiotics, and have no full-time nurses. Moreover, school-based caregivers like (school nurses, guidance and counselling teachers, and senior teachers) are inadequately trained to handle learners who are HIV positive.

Gakii (2007) also found out that majority of learners who are HIV positive lack proper peer support in schools while others have problems in following the ARTs. The problem is that they do not want their friend to know that they are taking ARVs. This makes some of them to start skipping the dose and then later stop. A good example is a case of a Malawian boy from Mchinji in central Malawi who did not want his friends to know his status in taking ARVs at boarding secondary school. It started with taking the drugs not at the prescribed time then skipping the dosage then later stopping. This affected his health and he made a decision to reveal his status to the school officials who assisted him accordingly. The teachers encouraged him to be taking the ARVs and his healthy life was restored (“Youth and HIV, 2013”). This clearly shows that there is a problem for learners who are HIV positive and are in boarding secondary schools.

The other challenge is the issue of hygiene and sanitation in boarding secondary schools, (Raison & Tamasha 2008). In many boarding schools, hygiene is not good. Students litter anywhere. The HIV positive learners are those that their immune system is weak due to the virus. This means that their bodies are prone to many diseases. If the places they are living in are not clean, it puts their health in more danger. This leads to the learners becoming ill and spending time to go to the hospital instead of attending classes.

Many of these experiences are those of learners outside Malawi except one for a learner in Mchinji so it was important to do the study to find out many experiences of HIV positive learners in Malawi boarding secondary school hence a need to do the study.

In conclusion, learners who are HIV positive face challenges in boarding secondary schools so there is really need to research on the support measures so that their conditions should be improved for their education to be attained.

2.5 Theoretical framework

2.5.1. Maslow and hierarchy of needs

Maslow depicts people's needs in a hierarchical order, and therefore the school policies and practices should be seen to be aligned and relevantly addressing the needs of learners who HIV positive. HIV positive learners whose needs are attended and met will be able just like the rest to learn and achieve education objectives. In this research, therefore, addressing the health challenges of a learner who is HIV positive is prerequisite to the learner achieving quality education in school. Therefore, schools need to put up effort in supporting HIV positive learners as they journey through the achievement of their hierarchy needs. The theory therefore, provides an efficacy of interpreting the support mechanisms that boarding schools provide for the learners who are HIV positive.

2.6. Chapter summary

The chapter has discussed relevant literature on each and every research question so as to identify existing gaps. Lastly, the theoretical framework and how it informs the study has been presented.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Chapter Overview

This chapter presents the research approach, research design, research tools that were used in generating data, study's research sites and sampling techniques, data analysis and ethical considerations.

3.2 Research paradigm

This research employed interpretivist research paradigm. According to (Orodho, 2004) interpretivist research paradigm is based on the assumption that the reality is subjective, multiple and socially contracted. So the researcher could understand someone's reality through their experience of that reality which may be different from another person's shaped by the individuals historical, social perceptive and the situation of their school.

3.3. Research type

The research employed the qualitative research type. According to (Yin 2003) qualitative research is concerned with establishing answers to the whys and how phenomenon in questions.

Therefore, the researcher employed this qualitative type in order to find subjective findings and non-numerical data about the nature of support mechanism for learners who are living with HIV in boarding secondary schools.

3.4 Research Design

Research design can be defined as a scheme or plan that is used to generate answers to research questions (Orodho, 2004). This study employed a case study design within the interpretivist research paradigm. According to Stake (2004), a case study design selects a small geographical area or a limited number of individuals as the subjects of study. Baxter and Jack (2004), defines the case study research method as an empirical inquiry that investigates a contemporary and complex phenomenon within its real-life context. This is a case study because the researcher focused the study only in three selected schools namely Ngumbe, Blantyre and Lunzu boarding secondary schools. The choice for design and the selection of a small geographical area, the three schools, was guided by information needed to address the research questions of the study, available resources (including time, human and material resources), accessibility to the study area and respondents or participants, expertise and experience of the researcher, and the use to be made of the results (Ng'umbi, 2009).

This is an exploratory case study. According to (Yin 2003) he categorizes case studies as explanatory, or descriptive. He defines exploratory case study as a type of case study that is used when someone is seeking an answer to a question that seeks to explain the presumed causal links in real-life interventions that are too complex for the survey or

experimental strategies. This is an exploratory case study because the researcher has brought to surface the reality of the situation on how learners who are HIV positive in boarding secondary schools are coping with the challenges they face. Through this case study the researcher gathered some information about what teachers perceive as their role to provide support to HIV positive learners, some school-based practices in supporting learners who are HIV positive and the challenges these learners face in boarding secondary schools. This enabled the researcher to closely examine the data within a specific context.

3.5 Data generating tools

This study used face-to-face interviews, focus group discussions and document review to collect information on the school support mechanisms for learners who are HIV positive and are in boarding secondary schools as described below.

3.5.1. Face-to-face interviews

The use of interviews as a data generation method began with the assumption that participants' perspectives are meaningful, knowable, and can be made explicit, and that their perspectives affect the success of the study, (Westat, 2010). Hancock (2002), argues that open-ended nature of semi-structured interviews provide opportunities for both interviewer and interviewee to discuss the topics in more detail. If the interviewee has difficulty in answering a question or provides only a brief response, the interviewer can use cues or prompts to encourage the interviewee to consider the question further. In semi-structured interviews, the interviewer has the freedom to probe the interviewee to elaborate on the original response or to follow a line of inquiry introduced by the

interviewer. These face-to-face interviews were used to interview the head teachers and their deputies, boarding master and mistress, patron and matron from each selected school with the aim to find out what they do in providing a supportive environment for learners living with HIV. In addition, they were interrogated on the school-based practices put in place to take care and support learners living with HIV and experiences that these learners encounter in their daily life. Then two HIV positive learners were interviewed for each school on how the school helps them in their daily life and some of the challenges they face just because of being HIV positive. The information was corrected using phone recording.

Then short notes were written in a hard copy book to prevent it from getting lost and then typed to have an electronic copy of the same. Then data was stored according to the date and place of interview.

3.5.2. Focus Group Discussions

Focus groups are facilitated discussions with a small group that can allow the researcher to see an issue from participants' perspectives. According to Creswell (2003), focus group interviews involve six to eight interviewees in each group which is small enough for everyone to participate, yet large enough to provide diversity. Participants are selected because they have certain characteristics in common relate to the topic at hand. In this focus group discussion four form teachers and two school club patron or matron were involved. These teachers discussed what they perceive to be their role in helping learners who are HIV positive, some school-based practices of helping HIV positive

learners and the challenges these learners face in boarding secondary schools. The data was corrected through phone recording then short notes were written in a hard copy book to prevent it from getting lost and then typed to have an electronic copy of the same.

3.5.3. Documents Review

Document review is the collection, review, interrogation, and analysis of various forms of text as a primary source of research data (Orodho, 2004)). The point of distinction with other data gathering tools is that the documents are pre-produced texts that have not been generated by the researchers. Rather, the researcher's role is limited to gathering, reviewing, and interrogating relevant documents. Bryman (2008) argues that it is clearly tempting to assume that documents reveal something about an underlying social reality, so that the documents that an organisation generates such as minutes of meetings, newsletters, mission statements, job definitions are viewed as representation of the reality of that organisation. Hancock (2002) also argues that document analysis can be particularly useful in trying to understand the philosophy of an organisation as may be required in action research and case studies. He further suggests the documents that can be useful for a study are such as policy documents, mission statements, annual reports, minutes or meetings, codes of conduct and noticeboard. The researcher reviewed some written documents that the head teachers, teachers and patron/matron use as their guide in taking care the learners who are HIV positive like National Education Sector Plan (NESP), National AIDS policy, The Constitution of the Republic of Malawi.

3.6. Selection of site

The three boarding secondary schools namely Ngumbe, Blantyre and Lunzu were selected because they are easily accessed by the researcher who also stays in Blantyre. Ngumbe is a Community Day secondary school but it has boarding facilities and many students stay in boarding. The school manages all the boarding activities and for those students who are in boarding schools add extra money for boarding activities. Lunzu is a district secondary school. All the boarding activities are in the hands of the government. Blantyre secondary school is a national secondary school where all boarding activities are in the hands of the government.

3.7. Sample size

The study used a sample size of 54 respondents, 18 from each school. The researcher came up with that same size because of financial constraints and time limit. These respondents were as follows: the head teacher and the deputy, the boarding master and mistress, the matron and part on, four form teachers and two HIV positive learners. These respondents were chosen purposefully because of the data the researcher wanted to generate. Purposeful sampling is a dominant strategy in qualitative research because it seeks information-rich cases which can be studied in-depth (Patton, 1990). In this case, the reason for choosing purposeful sampling is that the person selected on the basis of the ability to provide the information needed.

In this study, the head teachers, deputy head teachers were selected because they usually hub problems and issues of the schools. The boarding master and boarding mistress are responsible for the boarding affairs whilst matron and patron are the one who stay with the learners in the hostels. Then four form teachers were also purposely sampled because some learners sometimes go to their form teachers or club matron or patron whenever problems and issues arise. Then two HIV positive learners were identified with the help of the teachers. These learners gave the information about how the school helps them in their daily life and some of the challenges they face just because of being HIV positive.

3.8. Data analysis

Data analysis in this study was a continuous process that it was concurrent with data collection process. Rossman and Ralliss (2003) alludes to the fact that a qualitative research data analysis is an ongoing operation and that throughout the study you are describing, analysing and interpreting data although different activities may be more focused and instrumental at various times.

The qualitative non numerical data from the interviews was analysed manually. After interviews the data that was corrected through phone recording was destroyed soon after transcribed in a hard copy book to prevent it from getting lost and then typed to have an electronic copy. Then generated data was read over and over for the researcher to be familiar with the data as Rossman and Rallis (2003, p. 180) states that the process of rereading the data enables you to become familiar in intimate ways with what you

have learned. Then the data was described, rephrased, interpreted and the meaning of information was determined, organised and grouped into themes.

3.9. Ethical consideration

Ethics is about what is right or wrong and this is dependent (Babbie & Mouton, 2006) hence a social research must adhere to what is moral in course of doing research. For this study, the objectives and the purpose of the study were explained fully. Before conducting the study, the researcher sought permission and consent from authorities like the South West Education Division Office and the school's authority where the study was to take place through written letters before interviews. This is very important as Robson (1993) argues that it is necessary to have an informed consent from people participating in a study.

Issues about learners who are HIV positive is contemporary and sensitive relating to human rights so confidentiality was assured to the people that were interviewed. The learners who are HIV positive have the right of privacy. The participants were also assured that all the information given by them will be treated with strict confidentiality. Any information that was given was not disclosed and no name of the respondents was used. The data that was collected through phone recording was destroyed soon after transcribed in a hard copy book to prevent it from getting lost and then typed to have an electronic copy without name of the respondents. The participants were informed that the information collected from them was solely for academic purposes.

3.10 Limitations of the study

This study had limitations. The first limitation is that the respondents could not feel comfortable to provide the information about the situation of HIV at their school because these issues are sensitive, it is about secrecy and the rights of learners. The researcher assured the respondents that the data generated will be handled with secrecy and confidentiality and no name of the student who is HIV positive was written down. The researcher limited herself to do a research to three boarding school due to financial constraints. Therefore, the findings are not generalised to other schools or the country as a whole.

3.11. Trustworthiness

In order to ensure trustworthiness, the researcher employed assessing integrity method. The concept of integrity of inquiry findings was first raised by Wallendorf and Belk (1989). They argued that the challenge facing qualitative researcher is how she/he can ensure that the data provided by the informants were not false fabrications. Since qualitative investigation intently immerse into informant's worldview, the informants might not be happy with information asked by the researcher or they might have disinclination with the researcher, hence, they might decide to provide false information. As a qualitative researcher the best strategy to overcome misinformation, evasions and lies is to be sceptical with information that you feel might not be correct (Anfara, 2002). According to (Anfara, 2002) some strategies that can be used include: prolonged engagement and the construction of rapport and trust, triangulation (across sources methods, and researchers), good interviewing technique, safeguarding

informant identity, researcher self-analysis and introspection. In this study the researcher employed across sources methods where by the HIV positive learners were also interviewed. This helped the researcher to find out the truth if what the head teachers, form teachers and matron were saying related with what the HIV positive learners are stated.

3.12. Chapter summary

Chapter three has explained as much as possible the research methodology employed in this study. The study used a case study design in a qualitative approach. Face-to-face interviews, focus group discussion and document analysis were used as data generation methods with interview guides data generation tools. In addition, sample and sample size, data analysis, and ethical consideration have been explained and justified. The next chapter provides the presentation and discussion of the study findings.

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSION

4.1 Chapter Overview

This chapter presents and discusses findings from the study. The emphasis is placed on the thematic areas of the research questions. These thematic areas are; what teachers perceived as their role in helping learners, the schools support mechanism in place and the challenges that learners who are HIV positive face in boarding secondary schools.

4.2 Teachers' perception

This is focused much on what teachers perceive as their responsibility in taking care of learners who are HIV positive in boarding secondary schools, and what they do to identify learners who are HIV positive and support their physical, social and spiritual life.

4.2.1 Teachers perception of their role.

The study found out that teachers see themselves as parents to all the learners in boarding secondary schools as their parents are far away. One of the head teachers replied that: "We are parents to the learners, as their parents are far away." (**HM –BSS 04/4/17**)

These teachers see themselves as being responsible for provision of physical, social, spiritual and moral support to learners who are in boarding for their education to be

possible. Similarly, for the HIV positive learners, the teachers assume the responsibility of counselling, advising, caring and providing support which parent would have rendered for the education of their children. This is in line with Coombe (2002) findings which state that in the case of learners who are HIV positive, teachers are there to provide counselling and care.

It was also found out that head teachers, deputy head teachers, boarding masters and mistresses take an initiative to encourage and counsel these learners who are HIV positive. They call learners individually to encourage, counsel or advise them to make a positive perception of their status and to work hard in class. Some teachers encourage them not to live an isolated life but a normal life. One respondent explained that: “We encourage them to participate in some clubs that are at school like SCOM, YCS, Drama groups, quiz and debate clubs” **FGDF1-LSS-25/17**.

It was also found out that the head teachers encourage these learners who are HIV positive to come to their offices whenever they have problems for help. The teachers also encourage these learners individually that they should not stop taking ARVs nor skip the dose. One respondent explained that:

“There are some situations when some of these learners reach a point when they refuse to take ARVs saying they are tired with taking medication every day even when they are not sick. As a teacher I take a step to convince them that they should not stop taking ARVs in a lovely and caring manner” **(BM-BSS-/04/17)**.

4.2.2. Ways of knowing HIV status of learners

The study found out that there are several ways that teachers use to know the learners who are HIV positive. One of the ways is that learners who have just joined the boarding secondary schools are asked to meet the head teachers or boarding master and explain their health, physical or any kind of problem so that they should be helped accordingly. Some learners who are courageous enough tell the teacher whom they trust like the boarding master or mistress, head teacher or deputy head teacher. Some tell the matron while others tell the form teachers. One boarding master of a school postulated that: “Some learners who are courageous tell us about their HIV status.” **(BM-NSS-18/4/17)** From the study it was observed that many learners tell the boarding master or mistress and the head teacher or deputy more than the form teachers.

The other way in which teachers know about learners who are HIV positive is through their parents who tell the teachers like boarding masters or mistress and the head teacher or the deputy about the HIV status of their children. One respondent from a focused group discussion confessed that: “Sometimes it is the parents and guardians of the learners that tells us about the HIV status of their children” **(FGDF1-BSS-06/4/17)**.

The study also found out that some learners came from orphanages. It is the orphanage who tell the school officials about the HIV status of the learners who have been selected to that particular boarding secondary school. Sometimes teachers come to know the

status of learners in situations where those learners are sick and upon taking them to the hospital, they realise that the particular learner is HIV positive. One boarding mistress was quoted saying: “We get to know some learners who are HIV positive when they get sick and we go with them to the hospitals” **(BM-LSS-30/4/17)**.

4.3. School support mechanism for HIV positive learners

From the study it was found out that schools do not have written school-based practises to support the HIV positive learners. One boarding master confessed that:

“We met as boarding masters, mistress and head teachers to discuss how we can be helping learners who are HIV positive but what we agreed was not written down just because all what we do in helping these learners is being done in secret” **(BM-LSS-30/4/17)**.

The schools do not even have written documentation from the ministry to guide them in taking care of learners who are HIV positive. One respondent from a focused group discussion replied that:

“We do not have guidelines from the ministry on how we should be taking care of these learners. What we do is that we just respond to their problems as they come to our attention” **(FGDF1 BSS-06/4/17)**.

It was also found out that teachers are not trained how to take care of the learners who are HIV positive in boarding secondary schools. This is in line with what UNESCO (2007) found, that in many schools, teachers are not trained in how to counsel and care

for these learners. What they do is simply provide response mechanisms. They respond to situations which they face. Based on the situation they face the schools have come up with different ways of helping learners who are HIV positive.

4.3.1. Storage of ARVs in boarding secondary schools.

It was observed that teachers take an initiative to make sure that the ARVs drugs for the learners are kept in a secure way so that fellow learners do not know the status of the learners who are living with HIV. Therefore, the school authority makes sure that they keep the ARVs for learners who have revealed their status. These ARVs are kept in head teacher's office, in sick bays or in teacher's houses where the learners go at an agreed time and take ARVs. One head teacher was quoted saying: "I keep ARVs for four learners who revealed their status to me" **(HM –BSS-04/4/17)**.

For those learners who have revealed their status to the teachers it is easy for the teachers to monitor if the learners take ARVs without skipping, stopping and taking at a prescribed time. Some learners keep the ARVs in their hostels in their bags and the teachers encourage these learners to lock their bags so that other learners do not see these medications. In schools like BSS where hostels have lockers, some learners keep their ARVs in their lockers and keep them locked always. It was also found out that most of times learners like their ARVs to be in the plastic papers than in the bottles because the bottles make noise when taking. One of the HIV positive learner said that:

“We like our ARV drugs to be kept in plastic papers than in bottles because bottles make a lot of noise when we take them which can lead for others learners to know us.” (1ST Learner- BSS-6/4/17)

4.2.2. Access to ARVs

It has been revealed that the learners access their ARVs from their homes. Learners at Ngumbe, who have revealed their status, are allowed to go home and get their medication. However, this is different from BSS and Lunzu where even those learners who have not revealed their status have no problems to take exit permission to go and take ARVs. This is in line with Coombe (2002) who states that teachers are responsible for making sure that learners who are HIV positive have access to the ARV drugs by allowing them to visit the medical centres for check-ups and provide cover for their absent lessons. From their experience, they know that they have learners who are HIV positive who have not revealed their status to the teachers. Therefore, if some learners tell them that they have a medical problem and they can only access medication from their homes they give them exit permission. The teachers even said that they have learners who tell them that they want to go home and access tradition medication. They give them permission to go home but the truth is that they go home to take ARVs.

When they have missed classes due to going home to access ARVs, the teachers encourage them to copy notes from their friends and ask questions where they have problems. The case is different with Ngumbe secondary schools where learners who have revealed their status, have no problem to get permission to go and access ARV

but to those who have not revealed their status it is difficult for the teachers to give them permission.

The schools treat learners who are HIV positive as any other learners because any form of favouring them may cause other learners to start suspecting something and start guessing that they may be HIV positive.

4.3.3. Health facilities found in schools

In all the three schools, where the study took place pain killer drugs are kept. BSS and Lunzu Secondary school have sickbays while Ngumbe does not have a sickbay. When it comes to transportation of learners to the hospital, BSS has no problem because the school car and fuel is always available. This is not the case with Lunzu secondary school where the car was not in good condition at the time of study. They also said that they do not have a driver, and fuel is always a problem. When learners become sick, they search for transport at that particular time. Ngumbe secondary school does not have a school car, therefore, when a learner becomes sick the school looks for transport at that particular time.

4.3.4. Dietary intake for HIV positive learners

In terms of diet, the study found out that there is no special diet for learners who are HIV positive. All learners eat the food that is available in the boarding. This is in line with Birungi (2008) findings that the HIV-positive young people in boarding institutions face additional challenges such as poor diet and taking cold showers. Boarding masters at Lunzu secondary school provide the learners who are HIV positive

and have disclosed their status bigger portions of food in consideration of the fact that they are taking ARVs every day. The boarding master at Lunzu secondary school said that: “We give them a big portion of food” **(BM-LSS-30/4/17)**.

When other learners ask why they are doing that (giving more food portions) the boarding masters tell them that those learners are under some form of medical treatment which requires a lot of food. In other schools like Ngumbe and BSS they do not give any additional food portions to learners who are HIV positive for fear of raising suspicion among other learners who may think their peers are HIV positive.

“We do not give any supplementary food to learners who are HIV positive fearing that it can lead to other learners suspecting them and knowing their HIV positive status.” **(BM-NSS18/04/17)**

The teachers also advise parents of learners who have revealed their status of being HIV positive to be giving their children enough money for the term and supplementary food regarding that they are taking ARVs every day.

4.3.5. Sanitation in boarding secondary schools

The study found out that learners in boarding secondary schools are responsible for cleaning their school surroundings. The boarding masters give the prefects the authority to distribute the work to all the learners covering classes, hostels and toilets. The boarding masters supervise the work to ensure that the work is done effectively and efficiently. Despite such arrangements, the study found out that hostels and their surrounding environments in some boarding secondary schools like Lunzu and Ngumbe were not clean. This confirms Raison and Tamasha (2008) findings

which state that many boarding schools have dirty environments which consequently provide a recipe for unhygienic conditions for the students. Students under such circumstances are denied the basic needs according to Maslow's theory. This may make it difficult for them to aspire for the next level of needs.

4.4. Challenges of living with HIV in Boarding School

The study found out that learners who are HIV positive face a lot of challenges which include; fear of being stigmatised and discriminated against if they are known of being HIV positive, lack of supplementary food and other school necessities, and use of derogatory words by teachers and fellow students about their status.

4.4.6. Discrimination and Stigma

The study has shown that many HIV positive learners have fear that if fellow learners and teachers know their status they will be stigmatised and discriminated against. This fear has resulted into many problems for these learners. One respondent said that:

“I have fear that if my fellow learners and teachers know that I am HIV positive they will discriminate against me and I will have no friends”

(1st learner-NSS18/04/17).

The consequence of this fear is that it makes these learners not to reveal or be open about their status to other learners and even to their teachers. It is a bigger challenge to keep ARVs in the hostel for learners who know their status for fear of being discriminated and stigmatised by other learners. This is in line with Birungi (2007) and Global Reports (2010) findings that students with full blown AIDS, face greater

challenges in schools compared to those who are HIV-positive but asymptomatic, the challenges include being isolated, discriminated and withdrawn as well as being shunned and stigmatized by other students and teachers. In addition to the foregoing, some HIV positive learners fail to take ARVs at the prescribed time, skip taking ARVs and even stop just because they fear that their fellow learners can see them and result into discrimination and stigma. A good example is a case presented by (“Youth and HIV, 2013”), of a Malawian boy from Mchinji in central Malawi, who feared that his friends would know his status in taking ARVs at boarding secondary school, and started with taking the drugs not at the prescribed time, skipping and later stopping. This affected his health until he made a decision to reveal his teachers who encouraged him to be taking the ARVs and his healthy was restored.

The fear to be stigmatised and discriminated against has also resulted into some HIV positive learners changing schools. This observation was made at Ngumbe secondary school where a learner was found with ARV in the hostel even though the teachers tried to address the issue by speaking to fellow learners and encouraging the learner to be strong, she decided to move to another school. This situation may according to Maslow's theory be recipe for lack of both the sense of belonging and self -esteem by the affected learners.

4.4.7. Lack of supplementary food and other school necessities

The study also noted that three quarters of the learners who are HIV positive were born with the virus and their parents are no more. For most of them, they experience lack of

or inadequate provision of moral and material support in their lives. They may, therefore, lack some school necessities like school fees, uniform, notebooks and even some supplementary foods. Most of the times calls from head teachers and boarding masters to guardians for support fall on deaf ears at times with no response at all. Some HIV positive learners even complained that their guardians have given up on them because of their status. Some parents and guardians believe that such learners have a short life span and therefore not worthy investing resources in offering support to them in their education pursuit. One respondent explained that:

“We have also noted that three quarters of the learners who are HIV positive were born with the virus and their parents are no more. Therefore, these learners lack some school necessities like school fees, uniform, notebooks and even some supplementary food. We try to call their guardians and tell them that their children need supplementary food most of the time these guardians do not respond positively” **(HM –BSS-04/4/17).**

Another respondent said that:

“My guardians look at me as someone who have no future and supporting me and my education is like waste of resources as death is waiting for me. This makes me think that I have no future and everything I am doing is just waste of time.” **(1st learner-LSS18/04/17)**

4.4.8. Poor usage of words for HIV positive status.

It was further found out that some teachers and other learners still have the perception that when someone is HIV positive it means that the person was involved in promiscuity and that he or she is going to die any time. The use of these words hurts and demotivates the learners who were born HIV positive and have never been involved in any promiscuity behaviour in their life. According to the teachers, such circumstances take away the focus of the HIV positive learners who may need to succeed in both academically and socially. A related challenge is the way teachers and school participants discuss issues to do with HIV status including how people contract AIDS. The above confirms UNICEF (2004) findings which describes some teachers as lacking appropriate communication skills, which leads them most of the times to portray AIDS as a killer disease even in classroom settings, which hurts learners who are HIV positive. One respondent explained that:

“It hurts when I hear that being HIV positive is a result of living a promiscuous life -but I was actually born with the virus. Sometimes they say that AIDS is a killer disease and that death is awaiting those who are HIV positive, these words also discourages me to study hard.” 2nd

Learner BSS-04/4/17

The spirit of motivation for self-actualization is completely out of reach for these learners since they visualize their life span as short and therefore not worthy working hard for. This aligns well with Maslow theoretical perspective on the need to self-actualize.

4.4 Chapter summary

The chapter has presented and discussed the findings from the study. The study found out that teachers in boarding secondary schools see themselves in the absence of actual parents and guardians, as parents to the HIV positive learners. They see themselves as being responsible for the provision of their physical, social, spiritual and moral support to learners who are HIV positive in the boarding school. The study also found out that these teachers are not trained on how to take care of the learners who are HIV positive in boarding secondary schools. It was also revealed that schools do not provide these teachers with guidelines on how to take care of learners who are HIV positive. Most of the teachers therefore resort to employing the response mechanism to the situations they encounter in their respective schools. In a nutshell, learners who are HIV positive face a number of challenges in their day to day lives at school including fear of being discriminated and stigmatised against, lack of supplementary foods and insults from their peers and teachers.

CHAPTER FIVE

CONCLUSION AND IMPLICATIONS

5.1 Chapter overview

This chapter presents the conclusion and implications based on the study findings and discussions. The conclusion and implications have been drawn from the analysis and interpretation of the findings taking into account the literature and theoretical context of the study.

5.2 Study summary

The study has presented and discussed the school support mechanisms for learners who are HIV positive at Ngumbe, Lunzu and Blantyre boarding secondary schools in Blantyre city Education District. The study had three questions that were to be answered. How do the teachers perceive their role in providing a supportive environment for learners living with HIV and AIDS? What are the school based practices for caring and supporting learners living with HIV, and What are the experiences of learners living with HIV and AIDS in boarding secondary schools? The researcher used Maslow hierarchy of needs theory because students' progress and success in school depends and may be influenced by the way their needs are addressed. An orderly addressing of these needs may therefore be a necessary ingredient to understanding the HIV positive learners.

The study found out that teachers in boarding secondary schools see themselves as parents to the learners as their parents are far away. These teachers see themselves being responsible for the physical, social, spiritual and moral support to learners who are HIV positive in boarding schools. They also see themselves as responsible for identifying the learners who are HIV positive and initiate support for their life in school. They encourage them not to stop taking ARVs, take the ARVs at a prescribed time and give them permission to go and access the ARVs. The teachers also keep the ARVs for some learners who have revealed their status to them and administer the ARVs to the learners at agreed places and time. It was also found out that teachers encourage these learners who are HIV positive to come to their offices whenever they have problems for help and counselling so that they should not live an isolated life but a normal school life.

From the study it was found that schools do not have written school-based guidelines for the HIV positive learners. The study also revealed that teachers are not trained on how to take care of the learners who are HIV positive in boarding secondary schools. What they do is the response mechanisms. They respond to a situation as it presents itself. In the absence of the guideline from the MOEST some schools have developed their own ways of helping learners who are HIV positive in the schools.

In all the three schools where the study took place, they kept pain killers. BSS and Lunzu Secondary school have sickbays while Ngumbe do not have a sickbay. When it comes to transportation, BSS have a school vehicle which provides ready transportation

to the students. This is not the case with Lunzu and Ngumbe where transportation to the hospital is a problem because the schools do not own vehicles.

In terms of diet, the study found out that there is no special diet for learners who are HIV positive. All learners eat the food that is available in the boarding. The teachers usually call parents of learners especially those who have disclosed their HIV status to advise them on the much-needed support for their children especially in form of funds and supplementary foods, which offers these learners both psychological and physiological support as they take ARVs on a daily basis.

The study found out that learners who are HIV positive face a lot of challenges which include fear of being stigmatised and discriminated against if their status is known, lack of supplementary foods and other school necessities, and insults from teachers and peers.

5. 3 Conclusion

Even though the Malawi government has done a lot to stop discrimination and stigmatisation against people who are HIV positive, there is still discrimination and stigmatisation going on against these people. This is one of reasons why learners who are HIV positive hide their HIV status for fear of being discriminated and stigmatised against. Learners who are HIV positive in boarding secondary schools would have been living freely, taking the ARV medication at a prescribed time if this fear did not exist. On the same note, fear to be discriminated and stigmatised is what is making learners

who are taking ARVs to be giving teachers the drugs so they can access them from teachers' home. Awareness campaigns in all boarding secondary schools are therefore necessary to minimise discrimination against learners who are HIV positive so that they can experience an inclusive atmosphere in the school.

Secondly, the teachers see themselves as parents to learners who are HIV positive in boarding secondary schools. This prompts them to offer their assistance despite their lack of technical skills to do the same. The schools do not even have written documents from the MOEST to guide them on how to handle HIV positive learners. What they do is a response mechanism to the situations as they arise. This has created a situation where each school does their business as they see fit and according to their own circumstances. This is scary situation for the learners because approved standards are absent. There is need, therefore, to offer and mobilize orientation activities for teachers who take care of the students who are HIV positive.

In addition, there is a need to change the mind-set of people that being HIV positive is not the end of everything, there is future ahead of all those who are HIV positive. Therefore, teachers and other learners should stop insulting learners who are HIV positive with statements like 'AIDS is a killer disease', but encourage the learners who are HIV positive to work hard and achieve their ambitions in education.

5.4 Implications

Findings from this study underline the fact that, there are challenges with taking care of HIV positive learners in boarding schools. It is also true that these challenges pose a problem to the learners both in terms of their health and future of their education. The identified issues should, therefore, serve as reflective points when developing and instituting of policies and practices in schools and especially in boarding secondary schools.

The discourse on issues of HIV in schools should also take cognisance of the fact that there is lack of both theoretical, technical and practical knowledge and skills among the custodians of the HIV positive learners. Therefore, conclusions reached should not be absolute or indeed conclusive. In the same vein the study also highlights the need for capacity building in schools otherwise it is not only the education of the HIV positive status learners that is put in jeopardy but also their very lives. Activities in schools should therefore be seen and interpreted in light of unique circumstances in which these teachers and schools find themselves.

The absence of guidelines is also a recipe for disaster especially since HIV care activities in schools are premised on school/teacher discretion. And each school carries out these activities as they see fit. What makes this even more critical is the fact that this is about some learners' lives, whose poor care may not be reversible if mishandled.

This study has also highlighted the importance of language and communication when dealing with issues of learners with positive HIV status. This has implications on how HIV positive learners are perceived by peer and teachers and also how they perceive themselves especially in relation to their future in general and to their education progress in particular.

If awareness campaign to eliminate stigma and discrimination to people who are HIV positive especially the youth who are in boarding secondary schools is not being done now, then this problem will continue. Eventually, boarding secondary school will not be a good place for learners who are HIV positive. Some will end up dropping out from school due to same fear of their status being known. Some will end up skipping their dose risking their health due to fear of being known that they are taking ARVs and education may not even be possible.

If there are no guidelines that clearly describes how teachers can be helping learners who are HIV positive in boarding secondary schools, teachers are not trained on how they should be helping learners who are HIV positive in boarding secondary schools and there are no workshops where the Head teachers and boarding masters should be meeting and be sharing some experiences on how they help learners who are HIV positive, then teachers will continue with their responsive mechanism to the problems that they meet in helping learners who are HIV positive. Teachers they may feel they are solving the problems while on the other hand they are increasing the problem.

5.5 Recommendations for further study

A replication of the similar study covering a different area or a larger area in a quantitative or mixed method approach will be desirable in order to establish the extent to which findings from this study can be generalised.

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APPENDICES

Appendix A

Focus group guides for form teachers and school club matron/patron

Introductory remarks

Good morning/ afternoon Sir/ Madam.....

My name is Chance Malema. I am a student at Chancellor College studying a Master's programme in Education, Policy Planning and Leadership. I am here to do a research on a topic of investigating the school support mechanism for HIV positive learners in boarding secondary schools. All the discussions will circulate around issues pertaining to the mentioned research topic.

I would like to promise and assure you that all the information you shall provide to me shall be used in my research as confidential.

RESEARCH QUESTION ONE

1. What do you perceive as your role in helping learners who are HIV positive?
2. The studies show that learners who are HIV positive face some challenges like being discriminated, stigmatised, fail to take ARVs. How do you help these HIV positive learners in their daily problems?
3. Are there any written document from the government that guides you how to support the learners who are HIV positive in boarding secondary schools?

4. What do you do to work with the parents or guardians of the learners who are HIV positive?
5. How does the school ensure the well-being of HIV positive learners?
6. Are you trained in how to take care the learners who are HIV positive in the boarding secondary Schools?

RESEARCH QUESTION TWO

1. What are some school based practises for HIV positive learner?
2. What type of food are they given as they are taking medication daily for those who are under ARVs treatment?
3. In order to improve their health and good environment what does the school do?
4. How do teaches counsel, care and encourage these learners?
5. When these learners are sick how does the school treat them?
6. Do the school have sick bay, keep pain killer or have the transport available for sick students?
7. What are the school mechanisms to know the challenges of learners who are HIV positive?
8. What is the school doing to create a good environment for learners who are HIV positive regarding to the challenges they face?
9. How are the school based practiced about HIV positive learners formulated in this school?
10. Do the schools have some written school-based documents for learners who are HIV positive?

RESEARCH QUESTION THREE

1. What are the challenges of the learners that are HIV positive that ever seen in this schools?
2. What was the reaction of the particular learner who faced that situation?
3. What do you think could be the best way to address the challenges that learners who are HIV positive face in boarding secondary schools?

Appendix B

Interview guideline questions

Interview with the school administrators, teachers and matron

Introductory remarks

Good morning/ afternoon Sir/ Madam.....

My name is Chance Malema. I am a student at Chancellor College studying a Master's programme in Education, Policy, Planning and Leadership. I am here to do a research on a topic of investigating the school support mechanism for r HIV positive learners in boarding secondary schools. My interview with you therefore will circulate around issues pertaining to the mentioned research topic.

I would like to promise and assure you that all the information you shall provide to me shall be used in my research as confidential.

QUESTIONS

Bio data

1. Age:
2. Gender :
3. How long have you been working here as a head teacher, deputy, boarding master teacher or matron?

Section A: Role of the School

1. Does the school have policies or document that guide your role...?
2. What do you perceive as your role in helping learners who are HIV positive?

3. How do you help these HIV positive learners in their daily problems like being stigmatised and discriminated?
4. How do you help these learners that they should be taking ARVs without skipping and stopping?
5. Are you trained in how to take care the learners who are HIV positive in the boarding secondary Schools?

Section B; Identification of PLWHAs and confidentiality

1. Do you know some learners who are HIV positive?
2. How did you get to know them?
3. How is their status of being HIV positive kept a secret?
4. How do you help them access the ARVs during school time?
5. What are the secret measure are in boarding schools for learners to keep and take ARVs without being known?

Section C: School based practices

1. What type of food are they given as they are taking medication daily for those who are under ARVs treatment?
2. In order to improve their health and good environment what does the school do?
3. When these learners miss classes due to going to the hospital how the teachers do help them?
4. How do teaches counsel, care and encourage these learners?
5. How is the sanitation in the boarding schools regarding that their bodies are prone to many diseases?

6. Does the school have sick bay, keep pain killer or have the transport available for sick students?
7. What are the school mechanisms to know the challenges of learners who are HIV positive?
8. What is the school doing to create a good environment for learners who are HIV positive regarding to the challenges they face?
9. Are you satisfied with school-based practices concerning learners who are HIV positive?

Section C: Challenges

1. What are the challenges of the learners that are HIV positive that ever seen in this schools?
2. How does your office assist affected learners?
3. How are learners with HIV and AIDS responding?
4. What do you think could be the best way to address the challenges that learners who are HIV positive face in boarding secondary schools?

Appendix C

Guideline questions to HIV positive learners

Good morning/ afternoon

My name is Chance Malema. I am a student at Chancellor College studying a Master's programme in Education, Policy Planning and Leadership. I am here to do a research on a topic of investigating the school support mechanism for HIV positive learners in boarding secondary schools. My interview with you therefore will circulate around issues pertaining to the mentioned research topic.

I would like to promise and assure you that all the information you shall provide to me shall be used in my research as confidential.

QUESTIONS

Bio data

1. Age...
2. Gender...
3. Form;
4. Name of school...

Section A; The role of the School

1. Is the school environment supportive of students living with HIV and AIDS /
2. Explain how does the school assist you that you should access and take ARVs without problems?

3. Does the school facilitate the storage of ARVs for you?
4. Are you aware of school policies/ documents that guide school management in assisting PLWHAs? Explain?
5. What are some school based practices in helping you in your daily problems?

Section B: Challenges

1. What are some challenges that you face in your daily school life just because you are HIV positive?
2. What are some coping mechanisms that you use in solving some of the challenges that you meet in boarding secondary schools? / How are you coping with the situation?
3. How is your school assisting you to deal with the situation?
4. Are you satisfied with the role of the school? If yes why. If No why not?
5. What do you think should be done to solve or reduce some of the challenges that face as HIV positive learners in boarding secondary schools?

DEFINITION OF TERMS

<i>Boarding master/mistress</i>	: a person who is responsible for the safety and welfare of the boarding students
<i>Discrimination</i>	: treating some people differently from others
<i>Fear</i>	: an unpleasant often strong emotion caused by anticipation or awareness of danger
<i>Head teacher</i>	: the teacher in charge of the school
<i>Matron</i>	: a woman who is responsible for the safety and health of female students in a boarding school
<i>Promiscuity</i>	: having or involving many sexual partners
<i>Responsive mechanism</i>	: the component of any model of human decision making which takes evaluation of the importance of potential actions and selects the most suitable actions
<i>Segregation</i>	: the act of setting someone apart from others
<i>Stigma</i>	: a set of negative and often unfair belief that a society or group of people have about something
<i>Teacher</i>	: a person who teaches or instructs, especially as a profession

Appendix D

CONSENT LETTER FROM SWED OFFICE

Telephone: (265) 01 912 437/870 766
Fax: (265) 01 870 821
E.mail: swed@sndp.org.mw

All correspondences should be addressed to:
The Education Division Manager



In reply please quote ref no. SWED/1/1

SOUTH WEST EDUCATION DIVISION
PRIVATE BAG 386
CHICHIRI
BLANTYRE 3
MALAWI

REF: EDU/SWED/1/1

30th September, 2017

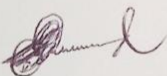
To: The Head teacher, Blantyre Secondary School
The Head teacher, Ngumbe Community Day Secondary School
The Head teacher, Lunzu Secondary School

REQUEST FOR ASSISTANCE: CHANCY MUGHOGHO

The above named teacher is a student at the University of Malawi pursuing Master of Education degree in policy, planning and leadership.

She is currently conducting a research titled: "Investigating school support mechanism for HIV positive learners in boarding schools - A case study of Blantyre, Ngumbe and Lunzu Secondary Schools."

Please assist her accordingly.



Henry Gwede
EDUCATION DIVISION MANAGER (SWED)

